

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043437

**FILED**  
**May 02, 2008**  
**Secretary of State**

**Entity Name:** ALL FLEET AUTOBODY, LLC

**Current Principal Place of Business:**

8160 S ORANGE AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8160 S ORANGE AVE  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-1218999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FARMER, TOM  
8160 S ORANG AVE  
ORLANDO, FL 32809      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FARMER, WILLIAM T  
Address: 4854 DISTRIBUTION COURT  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM T FARMER

MGRM

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date